2010 ELECTION CYCLE

Po contributee REPORT OF RECE PARTICLE DISBURSEMENTS 201 Application

Delbert Hosemann SECRETARY OF STATE	

obligations

201 Iggici Section	
	ECEIVE
Name of Committee Committee To ELECT SHELLA SMALLLOOD	
Address P.O. Box 933 PETAL MS 39465	007 18 2010
Telephone 1001-310-0398 Fax 601-649-8009	Campaign Finance S PANE SPANIP ato
Treasurer John Smarrage Email jdssmall comendant	
Check here if above is different from previous report	
TYPE OF REPORT	N
May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)	•
June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)	Mandatory
July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)	Mandatory
October 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010)	Mandatory
October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)	Mandatory
November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)	Runoff Candidates
January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010)	

IMPORTANT

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

expenditures and has no outstanding campaign debt obligation)

- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Ite	mized + N	on-itemized =		This Period	H.	Calendar Year-To-Date
Total amount of contributions \$ { ;	ooo 4	600	\$	1,600	\$	1,600
Total amount of disbursements \$	+\$		\$	0	\$	
Total amount of cash on hand			\$	1,600	5	
I certify that I have examined this rep	ort and to	the best of my l	know	ledge and belief it is		
A STATE OF THE STA				10 - 1 E	- 20	PU

SEHD TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices aboutd return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, NS 107001 or tay to 601-339-1499 or 601-518-2619.

2. Canalidates for countywide and county district offices should return forms to their county Circuit Clerk.

result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

	Page of	
Name of Candidate or Committee + Elich Shaila Small Doop		5
Reporting period 10-8-7010 through 10-17-7010	. 8	

ITEMIZED RECEIPTS

and the second s		
A. Source: Corporation PAC Mindividual Lean Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Paul H. Houses	10/8/10	\$ 1,000.00
Mailing Address LODI Ham AZE PETAL MS 39465 City, State, Zip Code		\$
City, State, Zip Code		s
Name of Employer (Required) ATTORIE Y		\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
B. Source: Corporation D PAC D Individual D Loan D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Malling Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation D PAC I Individual I Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
full name	_1_11	\$
Mailing Address		\$
City, State, Zip Code		\$
lame of Employer (Required)		\$ -
Occupation (Required)	Aggregate year-to-date	\$